Summary of Proceedings

Symposium on Land Use and Health: Fostering Collaboration Between Planners and Public Environmental Health Officials

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I. INTRODUCTION

The National Association of County and City Health Officials (NACCHO), in partnership with The American Planning Association (APA), has initiated a national initiative to build the capacity of local health and planning agencies to increase health considerations in planning and community design projects. NACCHO and APA recognize the origins of both planning and public health are rooted in the goals of protecting the public from outbreaks of disease and improving the quality of people's lives. Yet, this shared history is barely evident in a review of current practice in the respective disciplines. To bridge this gap, both organizations are working to provide education, training opportunities, and practical tools to support local initiatives. As a part of this partnership initiative, NACCHO and APA sponsored a two-day symposium on land use planning and public health on February 19-20, 2004, in Washington D.C.

The goal of the symposium was to provide a set of recommendations to guide development and implementation of capacity building measures at the local level to address the public health issues related to the built environment with a specific focus on eliminating health disparities and utilizing health impact assessment (HIA) tools. The presentations and discussions focused on these addressing the following questions:

a) How do we build the capacity of local health and planning practitioners to begin to address health disparities attributed in part to land use/community design?

b) How can health impact assessments or other proactive tools/processes be used to redress health inequities and create better living environments?

More than thirty people attended the event, representing an array of disciplines including local public health agencies, local planning agencies, federal agencies, and academic researchers among other national organizations. The discussions provided and opportunity for participants to respond to material presented and exchange perspectives on opportunities to collaborate to address ideas presented. Recommendations were specific to types of plans, programs, processes, that locals can adopt and that NACCHO, APA, and other national partners could develop and support. Additionally, a brief overview of NACCHO/APA tools was provided and feedback from the symposium participants provided recommendations for next steps for NACCHO/APA activities. Furthermore, participants will have the opportunity to continue to serve as project advisors to the NACCHO-APA partnership project as we seek to implement suggested strategies.

PART II

SESSION 1: EXPANDING THE PLANNING PROCESS TO INCLUDE HEALTH

Gerrit Knaap (Speaker), Director and Professor, National Center for Smart Growth Research and Education, University of Maryland

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The opening session of the Land Use and Health Symposium began with a presentation and a subsequent discussion on expanding the planning process to include public health related issues. Gerrit Knaap began his presentation on expanding the planning process by stating the desired outcomes that such a shift would bring. The desired outcomes he listed included creating built environments that are conducive to routine activity, eliminating health disparities related to land use planning and improving the community's overall health. To demonstrate the correlation between land use and health, Knaap introduced an issue he works directly with, urban sprawl, as a land use issue with potentially negative health impacts. Among the health implications of sprawl that Knaap discussed were an increase in driving and more time spent in cars, thus an increase in greenhouse emissions and air pollution, a potential decrease in physical activity, and an overall reduction in social capital, meaning less human interaction.

The focus of Knaap's presentation was on five strategic points of intervention that he proposed would help to expand the role of public health in the planning process. The first point of intervention that Knaap identified was the vision and goal setting process. If residents desire healthy communities, then health should be included in the vision statement for planning. Secondly, Knaap emphasized that planning is an *ongoing* process that occurs all the time and in many cycles. Therefore, there are many opportunities for public health issues to be interjected into the planning process.

The third point of intervention Knaap discussed was local implementation tools, which included subdivision regulations and zoning ordinances. Knaap expanded on this topic by discussing research he had worked on that analyzed the discrepancies between a survey of ordnance requirements from communities across the nation and how they match up in comparison to what the APA recommends in their principles of smart development. His fourth and fifth points of intervention were somewhat interrelated: thinking about site design and development, and site location and public facilities respectively. Knaap stressed that the purpose of planning is to protect health, safety and general welfare, and that these points of intervention are where health might be the most closely related to land use planning.

DISCUSSION

In response to the presentation and with guidance from a set of questions, symposium participants provided a comprehensive list of suggestions to bridge the gap between planning and health. There were several themes, issues and suggestions that recurred in the discussion. Among them was a general consensus among participants that *planners*

and public health agencies and officials need to explicitly state the issues that need to be dealt with and that there is a necessity for change. Participants felt that public health and planning professionals have to move away from the traditional, categorical framework to more interdisciplinary, collaborative and community-based approaches. Discussion participants identified terminology as being a potential barrier that can hinder planners and public health officials from easily engaging in a collaborative, interdisciplinary approach.

Symposium attendees elaborated on the need for planners and health officials to collaborate. Participants stressed that public health can be a political ally and bring a new constituency to the table. One health official said that many community-based organizations are already making the connections between land-use and health. He went on to add that these local groups possess an expert knowledge that could be incorporated into the early, visioning stages of the planning process.

The discussion reiterated the idea that public health really needs to stretch beyond its traditional boundaries and be redefined, particularly in how it relates to land-use planning. A health official from San Francisco mentioned that while sprawl and physical activity are important issues, affordable housing issues are the main reason that he is interested in planning decisions. He went on to say that health officials need to legitimize work that might not neatly fall under their purview as public health work. Suggestions for doing this included engaging mayors and other elected officials and making the connection between health and the built environment explicit to them. Another suggestion for legitimizing public health's role in planning decisions would be to build a campaign around these issues and make them bigger community issues (i.e. crime).

Essentially what many of the comments and suggestions were implying was the need and perhaps inevitability of not only a process change, but also cultural change. One participant felt that simply inserting public health words into a plan was meaningless if there was no process change. Meanwhile, one health official felt that the desire and drive for some development, such as single family, detached homes, might not be congruent with healthy planning. But to arrive on a consensus on such decisions, participants stressed employing both a top-down and bottom-up approach to planning. Health and planning officials need to engage in dialogue with both each other and also the communities and community groups that they represent.

SESSION 2: HEALTH INEQUITIES

Jason Corburn (Presenter and Discussion Moderator), Associate Director, Center for Occupational & Environmental Health, Hunter College of CUNY
Marya Morris (Recommendations Moderator), Senior Research Associate**,** American Planning Association

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For the second presentation of the symposium, Jason Corburn provided a brief overview on the importance of addressing health inequalities/disparities related to built environment issues. Corburn identified existing disparities between class, race, ethnicity,

gender and even location (i.e. urban vs. rural) and not just in terms of disease outcomes, but also in broader health terms. He proposed the idea that planners and health officials should focus on health disparities to reconnect their fields.

To begin to do this, Corburn defined health disparities as being deeply rooted in class, racism, discrimination, etc., and as a result, they affect certain groups disproportionately. He emphasized the point that planners and public health officials could learn from social movements, such as civil rights and environmental justice, which are already working in this area. Corburn highlighted throughout his presentation the need to examine health disparities as a human rights issue. To do so, he argued that there is a need for more local monitoring and data on the local level.

The scope of the presentation was extended to address a largely ignored link between health and the built environment: housing. Corburn mentioned the need for safe and affordable housing as well as the negative health impacts of residential segregation. He cited a practice in New York that public health is reinvigorating, the neighborhood health center; these centers take a holistic view of health and provide health and social services to the public as well as a link to various community organizations.

Corburn discussed the effects of neighborhoods on health and put them into two categories: acute effects and the longer-term, more persistent, chronic weathering effects that a neighborhood has on health. He discussed trying to incorporate the social determinants of health into the Environmental Impact Assessment process. Also mentioned was the concept of *adaptive environmental management* in neighborhoods with persistent poverty and health problems. This basically means that there is not one set of interventions or one environmental standard to eliminate disparities. Therefore, keeping the process open-ended and keeping the intervention and dialogue process open is often more effective. He highlighted the value of tapping into local knowledge and horizontal deliberation, particularly in places like New York where there is rich community diversity and variance in types of local expert knowledge.

DISCUSSION

The discussion began with a clarification of the health implications of poor and inadequate housing. Corburn discussed how segregated neighborhoods produce housing that creates pockets of poverty and pockets of stress. Problems that are more commonly found in substandard housing include mold and other asthma triggers, stress related to poor housing and poverty, more cases of elevated lead levels (particularly among African-American children), higher unemployment levels, and even lack of access to proper nutritious foods.

Another participant identified four groups of health inequality issues related to housing and the built environment: 1) cost and affordability 2) housing quality and size 3) housing as a link to social resources/neighborhood organizations 4) and housing as a personal right/refuge. The participant extended the discussion to macro-social processes that affect whether or not people have adequate and affordable housing, such as displacement, eviction, segregation, etc.

Certain terms were discussed and defined in great length, such as *social determinants* of health and *health inequality.* A phenomenon that was cited throughout the discussion was the web of causation, which was written about initially by Nancy Krieger. She was expressing the problem that the canon of traditional epidemiology stresses epidemiological methods, rather than theories of disease causation. The stress on endless biological factors avoids the sources of disease and the social and economic conditions that cause disease. Her question in regards to the web of causation was, "where is the spider?" meaning what are the underlying root causes of disparities.

The participant who introduced the web concept into the discussion stressed not placing the social determinants of health in a list of mere factors. He also stressed not categorizing issues like racism and class as factors, but rather as a deeply rooted set of historical and institutional practices.

During the discussion, many participants stressed the importance of educating all stakeholders on the negative effects of gentrification. One participant stressed that informed health and planning officials must work to drive home the point that gentrification can be bad for the health status of populations who are negatively affected by it. Many residents are displaced as a result of gentrification, and as a result, affordable housing becomes a very crucial issue. This does not imply that integration or redevelopment is a bad thing, but the participant stressed working on both smart growth *and* equity in conjunction with one another.

The discussion deliberated over the issue of accountability. Several of the discussants felt that added pressure through state and federal level policies such as NEPA and environmental justice (EJ) policies should be reinforced and applied to this issue. Linking with CBOs was seen as another way of ensuring that these issues are addressed or that added pressure can be applied to elected officials. Developers should feel pressure to provide measures for affordable housing and other pertinent issues such as sidewalks, bus stops, etc. One participant emphasized that all of these issues relate to much larger social movements that are in place and do not constitute just a health movement. *There is already work being done on these issues, it is just a matter of linking health and planning with the groups doing the work.*

The discussion concluded with a final statement on engaging communities and giving them the tools and resources that they need to be players in the decision making process. Communities have the knowledge of themselves and their own issues and needs, and this should be integrated into the planning process. It is important to note that this discussion focused heavily upon the systemic, root causes of health inequalities and how the conventional definition of health needs to be broadly widen to increase the scope of issues that it encompasses.

RECOMMENDATIONS: HEALTH INEQUITIES

In the recommendation session for health inequities, participants were asked to identify strategies that local planners and local health officials (LHOs) can take in order to

address health inequities caused by community design. More specifically, the participants were asked to identify ways to build the capacity of local health and planning practitioners to begin to address health disparities attributed in part to land use/community design.

A recommendation that participants echoed from various professional backgrounds was to provide local health officials and planners with more funding, resources and education. In a similar vein, participants thought that LHOs and planners should fund neighborhood groups to help them get organized. LPHAs can also take part in the CDC supported environmental health (EH) tracking activities to identify and track local/regional health concerns/issues related to planning practices.

From a resources/education perspective, participants encouraged LHOs to arm planners and CBOs with research data to help them sell the issue. Participants also felt that LHOs could provide social health indicators, including data outside of the western biomedical paradigm, that might spark a different way of thinking and addressing the subject matter.

On a collaborative level, one participant recommended that APA and NACCHO facilitate further dialogue between its members and have joint conferences and audio conferences with each other. Interdisciplinary collaboration is very effective and helpful on the local level to help overcome both funding and legitimacy obstacles.

One participant encouraged APA to take position statements on the practice of Environmental Impact Assessment and how it has failed to adequately consider social and health impacts. He also recommended that APA look at different ways of doing democratic, community-involvement processes (such as practiced in Europe/ the Institute for Development Studies) and publish and market them to their members. The participant cited Agenda 21, the United Nations' Environmental Program that is collaborating with the WHO on a sustainable cities' approach that sets a framework for health in economic development, planning and collaboration. There is ample documentation on these processes, case studies, etc., that has the potential to be distributed.

In regards to a question on gentrification, in which participants were asked to identify possible steps that LHOs and planners can take to prevent gentrification and displacement, several approaches were discussed. First, LPHAs are capable of presenting the negative health impacts related to the destruction of public housing; presenting the health consequences of the lack of affordable housing. Participants said that solutions for gentrification must be multi-objective, taking into account a wide range of issues (affordability, social capital, safety, accessibility, etc.). One-sided development could lead to potentially harmful effects for populations that are negatively affected.

Several discussants also pointed out that promoting greater democracy at the community level is a key to ensuring a valid, sustainable, community-based planning process. National organizations can help facilitate conversations on the local level. Specifically, national organizations such as NACCHO and the APA can set up one-day meetings in cities across the country between planners and health officials.

Many participants, particularly those from health departments, felt that the planning decision-making process is not accountable to ordinary people. One participant suggested promoting expertise integration, which brings together local and national experts to engage in dialogue and strategizing sessions.

Participants also recommended that APA and NACCHO use visual presentations to make the case on health inequities at the local level. Having effective, quantitative data is important, but being able to incorporate pictures to support that data is also important, particularly on the community/lay level. Participants also encouraged APA and NACCHO to incorporate social justice principles into tools and documents that are developed.

While many topics were discussed and touched upon in this lively session, there were several themes that recurred throughout. Certain participants stressed the need for national organizations to collaborate with CBOs and to collaborate across disciplines. Also, while there has traditionally been a top-down structure to decision-making, local/community knowledge needs to be integrated into the process and regarded as one form of expert knowledge, not beneath other expert knowledge. Also, being able to link the issue at hand with the social determinants of health, and interjecting the environmental justice/social determinants components into the EIS process is important. Finally, the issue of housing and affordable housing emerged as one of the key links between land use planning, health, and health inequities.

SESSION 3: HEALTH IMPACT ASSESSMENT

Catherine Ross (Speaker), Harry West Chair of City and Regional Planning, Center for Quality Growth and Regional Development, Georgia Tech College of Architecture
Rajiv Bhatia (Speaker), Director, Occupational & Environmental Health, San Francisco Department of Public Health
Brian Cole (Discussion moderator), Project Manager, UCLA School of Public Health
Heidi Urquhart (Recommendations moderator), Program Manager, NACCHO

Catherine Ross provided an overview of one perspective of health impact assessment (HIA). The focus of her presentation was on the main components of one type of HIA and how they have been used abroad. While HIAs focus on potential health impacts, Ross felt that HIAs have not been successful in determining long-term cumulative impacts. It is for this reason that there has been widespread debate over whether or not HIA should become a part of a regulatory process or strictly voluntary.

A central theme that Ross discussed was that studying community impact and garnering community participation play a significant part throughout the implementation of the tool in Europe. In Europe, collaboration between health professionals and planners is common. She suggested collaboration with metropolitan planning organizations (MPOs) as a natural opportunity to include health issues in the transportation planning process.

Rajiv Bhatia followed Ross with an overview of a similar process that the San Francisco Department of Public Health's Occupational and Environmental division is using that may be considered HIA. Throughout his presentation Bhatia linked the significance of this type of process with beneficial health outcomes. He discussed gaining community and political buy-in on the HIA, developing a cost-benefit analysis to help drive support, and stressing the utility value so that planners will engage in HIA.

Bhatia highlighted the major lessons learned from this process, such as providing strong qualitative and policy evidence and not mechanistic evidence, link with all decision makers to make it a truly collaborative process. Other lessons learned included providing an opportunity to integrate public health knowledge, research and the health mission into the planning process and the need to incorporate data to validate health issues/considerations in an EIA/EIS.

Brian Cole gave the third presentation of the morning on his work at UCLA with developing health impact assessment tools. He provided more research on the benefits as well as potential drawbacks of HIA. He led a discussion on HIAs, in particular on the question of whether or not we should move forward in standardizing HIA methods. The discussion also covered topics such as implementation methods, the relationship with EIS, the roles of LPHAs and local planners, community's roles in HIAs, and what data should be included in an HIA.

DISCUSSION- HEALTH IMPACT ASSESSMENT

After the presentation, the discussion spent time examining the various tools and processes that are called HIA. The range of HIAs include rapid HIAs to more lengthy processes such as standalone community-participatory process and EIAs addressing health impacts. The wide range of responses in the discussion raised the question as to whether anything that promotes health could be considered a type of HIA. Participants were in agreement that there is no singular format for HIAs, and they take many forms. There was a general consensus among participants that HIAs are needed to address both specific and general impacts.

While some presentations applauded the implementation of HIA in Europe, discussants expressed interest in tracking implementations of HIAs in the United States, where examples are lacking. It was suggested that smart growth planning activities would be a useful place to discuss the benefits of HIA and help increase greater buy-in. The group also discussed the relevance of HIAs in the development review process and comprehensive planning process. Overall, the group thought that pilot projects are the optimal way of building momentum for HIAs in the United States.

NACCHO staff introduced PACE EH (Protocol for Assessing Community Excellence in Environmental Health) into the discussion. She asked if tools such as PACE EH would be helpful to use to address specific LUP/CD issues. One participant responded by explaining PACE as an attempt to apply principles about community-based participatory action research to environmental health. He said it could be applied to LUP/community

design, but cautioned that community-based participatory research has become a loaded political term in the United States. Community-based participatory research means working with the disempowered communities in a particular way and should always include co-learning with planning staff or political officials.

Symposium members were asked to discuss how the HIA should be used. One participant responded that the *comprehensive* planning model is where health needs to be inserted as the concept of health is embedded in development issues. The participant referenced states and cities that already have comprehensive planning laws; these laws could make it easier to require or recommend that local entities broaden the public health element in the planning discussion. Also, a local planner said that planners generally feel it is easier to defend their actions when they are based on health grounds. For example, having health concerns as the argument against a planning action, as opposed to a strictly environmental constraint, would be a good place to start building momentum.

A representative from APA discussed the legislative aspects of land use planning. Each state has enabling legislation that prescribes how planning happens in that state, which means that there is variation from state to state. Some states leave the process to the discretion of localities while other states might be heavily prescriptive. While it is difficult to change state law, the participant argued that we should at least try to change state law to require or suggest a health component. More importantly, however, is the need to go to the community directly, and advocate to the constituency that they ought to consider health impacts in the planning process.

While the discussion often turned into recommendations for improving HIAs, there were some points to highlight. First, participants felt that HIAs should allow for flexibility. HIAs can be used to show the community impact of major development and could make the case for healthier development concepts (i.e. affordable housing). Also, HIAs should be a part of the development review submission requirements. HIAs can offer guidance to developers to mitigate uncertainty. Finally, participants felt that there must be a public policy approach to garner stronger political support for HIAs.

RECOMMENDATIONS: HEALTH IMPACT ASSESSMENT

This session was structured in the form of a group exercise. Heidi Urquhart, of NACCHO, led the exercise by having every participant in the group submit ideas for strategies and activities that APA and NACCHO can use to help local planners and LPHAs address HIA. The responses were collected and organized into seven basic groups. For clarification and organizational purposes, the groups will be listed and defined below.

Definition — There was a consensus that not only should the various types of HIAs be defined, but examples of effective HIAs should be described as well. While the definition of HIAs should not be narrowed too much, there needs to be an explanation of HIA. One participant recommended developing a health quick-scan for all public decisions, or at least some process by which even tiny decisions that are made on a daily basis can be

standardized. Another suggested idea was developing a white paper that might streamline the definition of HIA and that can be promoted to group members.

Training — This was a heavily discussed part of the recommendation session. The emphasis was on ways that national organizations such as APA and NACCHO can help facilitate the educational and collaborative process on multiple levels. Participants recommended that NACCO and APA to sponsor joint training sessions at their national conferences that include community leaders, local officials and experts in each field. Distributing publications that stress the importance of collaboration from the national to local level could help institutionalize HIA as a common practice.

NACCHO and APA were also urged to develop curriculum, and perhaps even a joint degree, that brings planning and health together. Also, in the discussion of joint partnerships, participants suggested the need to have training about the "languages" of each field so that collaborators understand the terminology of their partners.

Strategic/Model Practice — The model/best practice category included a survey of best practices that can be promoted to health, planning and elected officials. Examples of model and best practices can be combined in a publication that highlights examples of both new as well as practiced models. In line with this, there was a suggestion for compiling a list of actions that are already being done, such as exemplars. Again the subject of European models came up, and participants recommended highlighting the applicability of potential models. The key theme in this category was the need to identify where comprehensive health assessment can or does occur in the planning process. Near the end of this discussion, participants agreed that using terms such as "best" or "model" was inappropriate, rather all practices should be highlighted in order to provide many examples, and to garner both positive and negative outcomes. As such, practices would be shared rather than judged.

Political Strategy — Participants once again stressed the importance of interdisciplinary collaboration to engage a wide constituency, including both Democrats and Republicans. Specific suggestions included developing interdisciplinary conferences to draw attention to HIA, and the importance of HIAs should also be marketed towards legislators. Another recommendation included developing a media campaign to teach community members the importance of HIAs. Also, LHOs can describe to local elected officials the shortcomings of an EIA to measure health impacts to help make the case of implementing HIAs in the planning process stronger. A final strategy was to have children and seniors share health concerns in public meetings (vulnerable populations can be effective spokespeople).

Professional Interaction — This category highlighted the need to develop more collaboration throughout the planning process. However, suggestions on how to do this varied. There was a suggestion that local health officials should be required to review development plans early on. APA and NACCHO were also encouraged to facilitate regional information exchange and interaction between local planners and health

officials. Also, all stakeholders (developers, transportation officials, community groups, etc.) should be linking into HIAs and the planning process.

Support and Recognition — One suggestion was to create a national award that would exhibit successful implementation of the HIA or successful collaboration efforts. Also, in order to gain greater buy-in from developers and elected officials, there needs to be more incentives for LPHAs/Planners to implement the HIA. Further, APA and NACCHO could partner with other networks (i.e. Environmental Protection Agency, Smart Growth America, etc.) to put together a pilot project for this work.

Information Resources — Suggestions included developing fact sheets for practitioners, creating a clearinghouse on HIA literature and practice, identifying health data to support health objectives in plans, and using visual examples of health impacts.

POST-EXERCISE DISCUSSION

In the original symposium agenda, this session was titled, "*Recommendations for Advancing Integration of Health in Land use Planning//Community Design and Developing a Consolidated National and Local Agenda.*" Because the previous session raised new sets of questions and ran over its allotted time, this session was used as an extension of the Health Impact Assessment recommendations section.

After the group exercise, the moderator posed the question of what can NACCHO and APA do to get HIA included in local processes, whether it is broad and participatory or more narrow. For looking at existing practices, she asked participants to identify what strategies NACCHO and APA can take and what some of the inhibiting factors will be for both local and national organizations.

One participant said that APA and NACCHO can observe commonalities in what people are already doing and collect a survey of existing practices. Since there are few examples of proven models in the US, we could look at gateway HIAs in Europe as there are more successful models abroad. One participant said that in the US there needs to be a paradigm shift in the mission of LPHAs. He cited money as both the largest barrier and incentive, as it can often limit innovation within public health. If public health professionals saw their goal as improving the community health no matter what it takes, then as a discipline, it would be that much closer to changing the way health is incorporated into the planning process.

Another participant suggested creating a document that has examples, guidelines and case studies. This publication could include a combination of both new models that were never implemented and some experiences of practices from the field. She also suggested obtaining additional research that might be useful and helpful in understanding what has lead other places to start implementing HIA.

SESSION 4: ADVANCING INTEGRATION OF HEALTH IN LAND USE PLANNING/COMMUNITY DESIGN AND DEVELOPING A CONSOLIDATED NATIONAL AND LOCAL AGENDA

Valerie Rogers (Moderator), Senior Analyst, NACCHO

RECOMMENDATIONS

This session began with clarification of the word "agenda" from the session title. In this case, the word *agenda* refers to both a community and policy agenda. The subject led into a discussion of the policy-making process. Some participants in particular felt that the policy-making process needs to be more democratized and more inclusive of all stakeholders. One participant commented that the current process does not adequately include community interests and instead makes decisions in more private settings where they are not necessarily accountable to all stakeholders. He also stressed the importance of co-learning and co-participation on multiple levels.

One of the first areas identified for integrating health and land use issues was transportation planning. A participant gave a list of health issues that relate to transportation considerations, such as making an environment more accessible to reduce pedestrian and bicycle injuries, lowering air pollution and increasing physical activity, etc. There is good science data available from highway departments that touch on many areas of public health.

One discussion question pertained to identifying the priority issues concerning the health impacts of LUP that need immediate consideration and action. A participant reiterated a point that he had made earlier in the symposium, that the most critical issue in his region was affordable housing. He discussed the ways in which this issue limits the actual work that his health department can do: "A lack of affordable housing means that people are homeless; homelessness is a huge public health cost to the safety net system; the safety net system takes money from the public health system; thus, we are limited in the public health work that we can do."

In keeping with the question of how to integrate health and land use planning/community design, the conversation returned to the idea of changing the status quo and addressed how the issue is approached. Participants reiterated the idea of the spider in the web, in which everything drives everything else; many policies back these decisions for reasons that are not random. One participant questioned the values that were being expressed when urban sprawl began to increase. He encouraged value-oriented planning that would avoid the negative health outcomes from the built environment.

The question arose of how local organizations can advance the objectives of HIA and address the issues of health inequalities. Participants discussed tapping into the wealth of resources that groups like NACCHO and APA have to contact thousands of people through email, Web sites, newsletters, conferences, etc., and in that fashion, create some form of a sub-network of organizations and individuals. This way, information can be disseminated to a broad range of people. Participants felt that resources need to be

distributed to local planners and health officials, as many do not understand the connection. Health officials, in particular, need to understand that they have a much larger role to play in local planning. For many people this concept is new or might seem somewhat vague or irrelevant. The traditional purview of health departments needs to be expanded to include these issues, and as a result, greater training and education will be needed on the local level.

There were some recommendations raised on the issue of education. Many participants felt that some form of document or paper needs to be written that formally highlights the importance of the LUP/PH connection. This paper could discuss the roles and responsibilities for people in planning and public health and it could be used as a communication tool to broaden awareness. To keep the conversation going, it was recommended that conferences and trainings be implemented to facilitate dialogue between respective disciplines.

Participants also recommended building a constituency among member of Congress, among both Democrats and Republicans. One participant discussed the need to have conversations with congressional staffers on health issues, and to make them aware of the connection between health and planning. He recommended presenting a short document that is about a 1-2 page overview of the subject. The subject of language came up because it is very important on Capitol Hill and it would be easy to lose support (particularly among Republicans) as the result of semantics.

A final suggestion on areas of integration of LUP and public health is community design. Community design could offer the opportunity for joint projects that would serve as a cross-disciplinary bridge. Community design was stressed because it extends beyond the typical issues of just land-use, and more into planning issues.

One participant repeatedly discussed the idea of a Health Equity Index that could serve as an indicator for how society is faring. Regardless of whether or not this idea is merely hypothetical for the time being, the participant stressed that the point of this example was that planners and health officials should not let others define what the questions are and what is important to discuss. Collaborators should be fearless in the way that they approach the discussion of health issues as they relate to the built environment.

SESSION 5: NACCHO/APA PARTNERSHIP PROJECT

Marya Morris, Senior Research Associate, APA
Jessica Solomon, Program Associate, NACCHO

Jessica Solomon began the discussion with some background on what NACCHO and APA have been doing and will be doing on land use planning/health issues. One of the tools that NACCHO has worked on with Tri-County (CO) Health Department is a checklist intended for use in development review (not to be used as a HIA). It is designed

to get health official to think outside of the box when commenting on development review, and to consider subjects that they might not normally. NACCHO has also been working with Healthy People 2010 (HP 2010), the Department of Health and Human Services health agenda, and developing action steps for LPHAs to use in regards to HP 2010 objectives that relate to land use planning.

NACCHO has sponsored sessions at national conferences throughout the year, such as the Partner for Smart Growth national conference, ATSDR Partner's Meeting, APA's national conference and two sessions at NACCHO's conference this year. One session at this year's NACCHO Annual conference will concentrate specifically on how to work with your elected officials on these issues and the other session will discuss the PACE EH tool.

Solomon also discussed the State Association of County and City Health Officials (SACCHOs) and the Healthy Planning 101 sessions that NACCHO and APA have already sponsored in some states. NACCHO has an Environmental Health Advisory Committee and a Health and Social Justice Advisory Committee, which provide insight and guidance to NACCHO's land use planning project.

Marya Morris is the lead person working on a national survey that is being conducted by APA in local planning and health offices on opportunities for collaborating. The survey is designed to get feedback on what local practitioners are already doing to collaborate and what they consider to be likely, reasonable and possible initiatives to add to their work programs.

Morris also discussed a workshop in April that will be paring up a planner and a health official to work together on a specific case problem that they are dealing with. Shortly after the symposium will be the APA conference in Washington, which will have sessions on related fields. She also attended the SACCHO meeting in Florida and presented a Planning 101 session. Morris discussed SACCHO meetings in Kentucky and in Washington State later this year that will cover these issues.

Another area that Morris is working on for the NACCHO and APA project is compiling fact sheets on jargon busting, which will attempt to demystify the terminology of health and planning professionals. She will also be writing an article for the PAS Memo that overviews the relationship between land use and public health. She hopes to do a full planning advisory service report on the issue by next year. And finally, APA and NACCHO will sponsor audio conferences that can reach hundreds of people simultaneously, both planners and health officials. The topics of each audioconference have yet to be determined.

RECOMMENDATIONS

Because of time constraints, this session was fairly brief and to some extent a rehashing of topics from previous discussions. One participant began by trying to reach a consensus on whether or not EIA should be equated to HIA. Some participants had previously mentioned that people run when they hear the term EIA and thus, HIA should not be

equated to it. Others felt that EIA does provide a legal framework that specifically mentions health, which could be beneficial to developing HIA.

There was a suggestion on taking the word i*mpact* from EIA/HIA because the phrase *impact assessment* could bring unwanted connotations to the table. The participant said that it could be better from a marketing standpoint. Also, people want to lump many different issues under HIA that might not necessarily fit in an impact assessment. A counter argument was that the term *health assessment* would connote evaluating people's health. Another suggestion was that the National Association of Environmental Professionals should be invited into the discussion on EIAs and HIAs.

On a final note of the session, one participant cited the need to formulate specific action items that could be taken from the discussion as reference points to look back on. As for action steps, nearly all participants were willing to engage in a follow up conference call discussion on the symposium. Another participant mentioned keeping up with the pilot project as a strategic issue. The Workshop in April will also generate some strategies for next steps of how to incorporate public health into land use planning decisions at the local level.